

ITEM #36

SUBSCRIPTION AGREEMENT - CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

WHEREAS, the undersigned is presently authorized to transact insurance as an insurer, or is applying for a Certificate of Authority or an Amended Certificate of Authority to transact insurance in the State of California in any one or more of the classes of insurance subject to the provisions of Section 1063(a) of the Insurance Code of the State of California, including: fire, inland marine, plate glass, liability, workers' compensation, common carrier liability, boiler and machinery, burglary, sprinkler, team and vehicle, automobile, aircraft, and miscellaneous; and

WHEREAS, in consideration of the California Insurance Guarantee Association providing each member insurer insolvency insurance as said class is required by the provisions of Article 14.2 (commencing with Section 1063), Chapter 1, Part 2, Division 1 of the Insurance Code; and

WHEREAS, participation in said Association is a condition to granting or retention of the subscribing insurer's California Certificate of Authority while it is authorized to transact or transacts any kind or class of insurance in this State covered by said Article 14.2;

NOW THEREFORE, the undersigned insurer, in consideration of the foregoing membership in said Association, agrees to perform the duties and discharge the obligations under the applicable statutes and regulations and abide by the Plan of Operation of the California Insurance Guarantee Association as the same are now in force and effect or as may be hereafter amended. A copy of the Plan of Operation is available from the Association's offices at P.O. Box 29066, Glendale, CA 91203, (818) 844-4300.

This Subscription and Agreement shall be deemed to have been executed in the State of California and the interpretation and enforcement thereof shall be governed by the laws of that State.

IN WITNESS WHEREOF, the said insurer has to these presents caused its name to be subscribed and attested by its President and Secretary at _____, State of _____, this ____ day of _____ 20__.

Name of Insurer

By _____
President

By _____
Secretary

State of _____)

County of _____)

On _____ before me, _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

[NOTARIAL SEAL]

Signature _____

(Signature of Notary Public)